



AARA Application – Years 11 & 12 (Illness and Misadventure)

This form is used by a student to request a change of due date change for an assessment item due to *illness* or *misadventure*. A student who is ill, becomes ill during the assessment, or is unable to attend or complete an internal assessment should inform their classroom teacher or the Head of Department of the Faculty as soon as practicable.

As per the [QCAA handbook](#), the following principles apply to illness and misadventure applications:

- The illness or event is unforeseen and beyond the student's control, such as personal circumstance or emergent cultural obligation, e.g., summons/subpoena to appear in court or close family member's death/funeral.
- The situation cannot be of the student's own choosing or that of their parents/carers, such as a family holiday.

Supporting Documentation

To make an informed decision about an application for medical reasons, the school requires a report from an independent health professional that includes the following details:

- the illness, condition, or event (including details of a diagnosis, where applicable)
- date of diagnosis, onset or occurrence
- treatment or course of action related to the condition or event
- explanation of the probable effect of the illness, condition, or event on the student's participation in the assessment.

Illness and misadventure applications for non-medical reasons, require written evidence from a relevant independent professional or other independent third party, such as a social worker, member of the clergy, police officer, solicitor or funeral director.

In all circumstances, the person providing the supporting documentation must have specific knowledge of the illness, injury, personal trauma or serious intervening event, and must not have a close personal relationship with, or be related to, the student.

Completing the Application Form

Follow the steps outlined in the application form, and please submit the completed form and supporting documentation to AARA manager recorded on the form. The application will then be reviewed, and the outcome will be shared via email. If you have any questions, please speak to the AARA manager.

Illness and Misadventure Application Form

| STUDENT DETAILS (Parent / Student to complete) | | | |
|--|---------------------------------------|--|--------------------------------|
| Name: | Roll Class: | | |
| Student email: | Student Signature: | | |
| Parent Name: | Parent Signature: | | |
| AARA MANAGER (Return document to Manager) | | | |
| Name: | Date of Application: | | |
| REASON FOR REQUEST (to be elaborated on in additional documentation) | | | |
| Illness <input type="checkbox"/> | Misadventure <input type="checkbox"/> | Enacting AARA Provision <input type="checkbox"/> | Other <input type="checkbox"/> |
| Timeframe / length of impact: | | | |
| Details (optional): | | | |
| DOCUMENTATION SUPPLIED: | | | |
| QCAA Medical Report | | | |
| QCAA School Statement | | | |
| QCAA Student Statement | | | |
| Medical Certificate / Other Practitioner Letter | | | |

| To be completed by AARA Manager upon return of documentation | | | |
|--|------------------------------|-----------------------------|--|
| Date Application Received: | | Date Outcome Advised: | |
| Request granted: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Comments: | | | |
| Date: | AARA Manager Signature: | | |
| | | | |

Illness and Misadventure Application Form

Step 1: Student to meet with the teacher of each impacted assessment task and negotiate an alternative due date.

| SUBJECT | TEACHER | DUE DATE | REQUESTED DUE DATE | TEACHER SIGNATURE |
|---------|---------|----------|--------------------|-------------------|
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Note: The requested due date is subject to approval by Head of Department and is not guaranteed.

Step 2: Student will then meet with the relevant faculty Head of Department/s to seek approval for the requested due date/s.

| To be completed by Head of Department/s (HOD) | | | | |
|---|-----------------------|------------------|----------|---------------|
| SUBJECT/S | DATE/S APPROVED (Y/N) | REVISED DUE DATE | HOD NAME | HOD SIGNATURE |
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Step 3: Student to return application form, together with supporting documentation to the AARA Manager named in the application form.

| OFFICE USE ONLY | |
|--|--|
| <input type="checkbox"/> All relevant sections completed <input type="checkbox"/> Supporting documentation received <input type="checkbox"/> Student / HOD / Teacher / Parents / Senior Schooling advised of outcome of AARA application | <input type="checkbox"/> OneSchool record complete and documents uploaded <input type="checkbox"/> AARA spreadsheet updated <input type="checkbox"/> Application submitted to QCAA if relevant |